U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

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This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

|  | LY BEFORE PREPARING THIS REPORT.  |  |  |
|--|---|--|--|
| E  |   |  |  |
| 1. File Number 0. 3486   | 2. Fiscal Year Covered From:  |  |  |
| 1. File Number 0. 201  |   |  |  |
|  | 1 / 1 / 2004 Through: 12 / 31 / 2004  |  |  |
| Name and address of person filing.   | Name, file number, and address of labor organization.   |  |  |
| Name Melissa D Campbell  | Name International Association of Machinists  |  |  |
|  | Labor Organization File Number 000-107  |  |  |
| P.O. Box, Bldg., Room No., if any  | P.O. Box, Building and Room Number, if any  |  |  |
| Street 1041 Spa Rd. Apt A  | Street 9000 Machinists Pl   |  |  |
| City Annapolis   | City Upper Marlboro   |  |  |
| State Maryland ZIP Code + 4 21403-1341   | State Maryland ZIP Code + 4 20772 - 2687  |  |  |
| 5. Position in labor organization. Communications Representative   | <b>a</b>  |  |  |
| Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of |   |  |  |
| monetary value from an employer whose employees your organizat   |   |  |  |
| 6 Name and address of Employer (including trade game if any)   | 7.a. Nature of Interest, Transaction, or Income.  |  |  |
| Name and address of Employer (including trade name, if any).   |   |  |  |
| Name and address of Employer (including trade name, if any).  Name   |   |  |  |
|  |   |  |  |
| Name   | 7.a. Nature of Interest, Transaction, or Income.  |  |  |
| Name Trade Name, if any:   | 7.a. Nature of Interest, Transaction, or Income.  |  |  |
| Name Trade Name, if any:   | 7.a. Nature of Interest, Transaction, or Income.  |  |  |
| Name Trade Name, if any: P.O. Box, Bldg., Room No., if any   | 7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.  |  |  |
| Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City   | 7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.  |  |  |
| Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street  | 7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.  |  |  |
| Name Trade Name, if any:  P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Sign  | 7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.  |  |  |
| Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  Signature and verification. The undersigned declares, under penalty or  | 7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.  7.b. Amount.  Perjury and other applicable penalties of the law, that all of the information ying documents), has been examined by the signatory and is, to the best of the   |  |  |
| Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  Signature and verification. The undersigned declares, under penalty or submitted in this report (including the information contained in any accompan  | 7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.  7.b. Amount.  Perjury and other applicable penalties of the law, that all of the information ying documents), has been examined by the signatory and is, to the best of the   |  |  |
| Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  Signature and verification. The undersigned declares, under penalty or submitted in this report (including the information contained in any accompan  | 7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.  7.b. Amount.  Perjury and other applicable penalties of the law, that all of the information ying documents), has been examined by the signatory and is, to the best of the action on penalties in the instructions.) |  |  |

| ame of Person Filing Melissa Campbell  |   | File Number U- 2486      |    |  |
|--|---|--------------------------|----|--|
| B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. |   |                          |    |  |
| 8. Name and address of Business (including trade name, if any).  | 9. Business deals with:                     |                          |    |  |
| Name Kelly Press   | a. Labor Organiza                           | tion                     |    |  |
| Trade Name, if any:  | b. Trust                                    |                          |    |  |
| P.O. Box, Bidg., Room No., if any  | c. Employer                                 |                          |    |  |
| Street 1701 Cabin Branch Dr.   |   |                          |    |  |
| City Cheverly  |   |                          |    |  |
| State Maryland ZIP Code + 4 20785-3820   |   |                          |    |  |
| 10. If 9.b. or 9.c. is checked give trust or employer's name.  | 11.a. Nature of such deal Dinner on 9/14/04 | ing.                     |    |  |
| Name   | Dimet on 3/14/04                            |                          | -  |  |
| Trade Name, if any:  |   |                          |    |  |
| P.O. Box, Bldg., Room No., if any  |   |                          | Ì  |  |
| Street   | 11.b. Approximate dollar val                | ue of such dealing. \$55 | ,  |  |
| City   | 12.a. Nature of interest he                 | ld or income received.   | 7  |  |
| State ZIP Code + 4   |   |                          |    |  |
|  |   |                          |    |  |
|  |   |                          | }  |  |
|  | <br>  |                          |    |  |
|  | 12.b. Amount.                               |                          | _] |  |
| C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.   |   |                          |    |  |
| 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).   | 14.a. Nature of payment.                    |                          |    |  |
| Name Audio Visual Prestige   | Dinner on 9/22/04                           | l ·                      |    |  |
| Trade Name, if any:  |   |                          |    |  |
| P.O. Box, Bldg., Room No., if any  |   |                          |    |  |
| Street 129 E. 2nd St.  |   |                          |    |  |
| City Covington   |   |                          |    |  |
| State Kentucky ZiP Code + 4 41011-1741   |   |                          |    |  |
|  | 14.b. Amount of payment.                    |                          | 4  |  |
| 13.b. Is the Business an Employer or Consultant ?  | Paymont                                     | \$120                    | {  |  |